New Hampshire
SIM Stakeholder Meeting

October 3, 2013

Meeting Agenda

1. Introductions
2. SIM Update
3. Consumer Feedback Report
4. Straw Person 2.0 Review
5. Next Steps

SIM Consumer Focus Groups

Interim Report

7 groups to date

- People with physical disabilities (1)
- Parents of children with chronic/severe behavioral health issues (1)
- Adults with behavioral health issues (1)
- Families of people with dev. disabilities (2)
- Adult children with parents who need LTC assistance (1)
- ServiceLink staff (1)

Long Term Care Services & Supports

Consumer-Directed Care (optional)

Eligible Individual

Comprehensive Care Plan
- Needs
- Wants
- Values

Care Team
- Team Coordinator

Life Plan

Long Term Care Account

Pay for Services
- Broad array of services
- No geographic constraints
- Shop based on price & quality

Healthy Actions

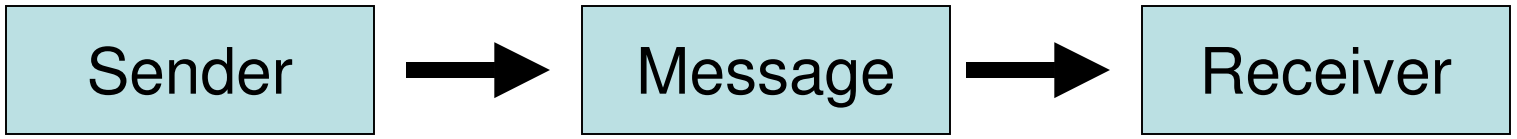
Wellness program
- Healthy eating
- Health screenings
- Work or service activities
- Volunteer

Left over

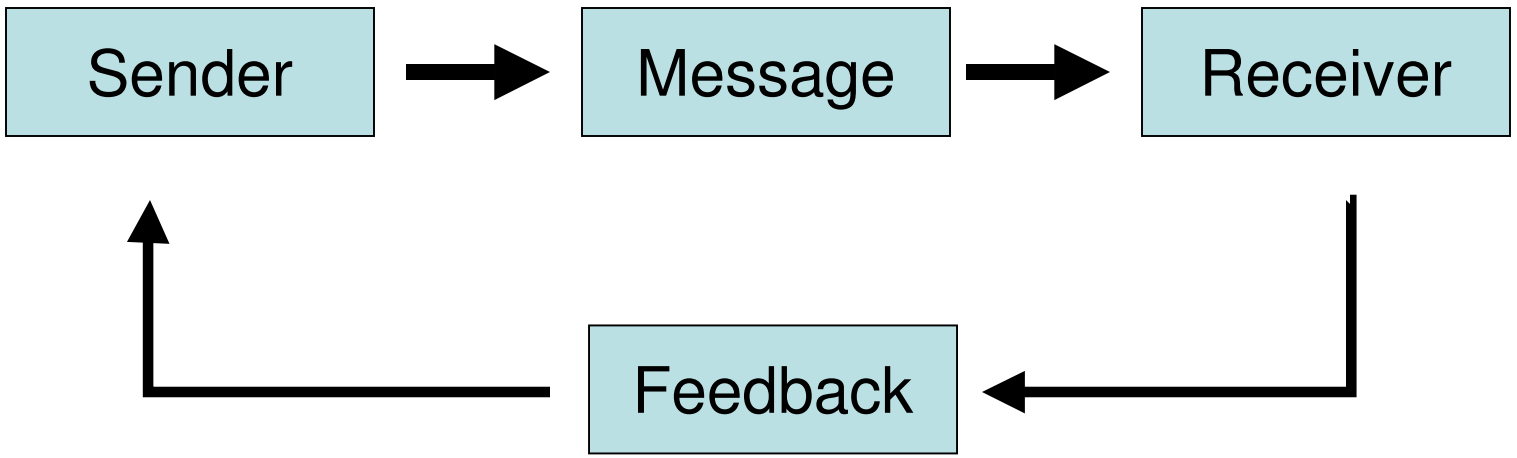
% Returned to Insurance Company

% Carried Forward
- Spend on related services
- Roll into next year's budget

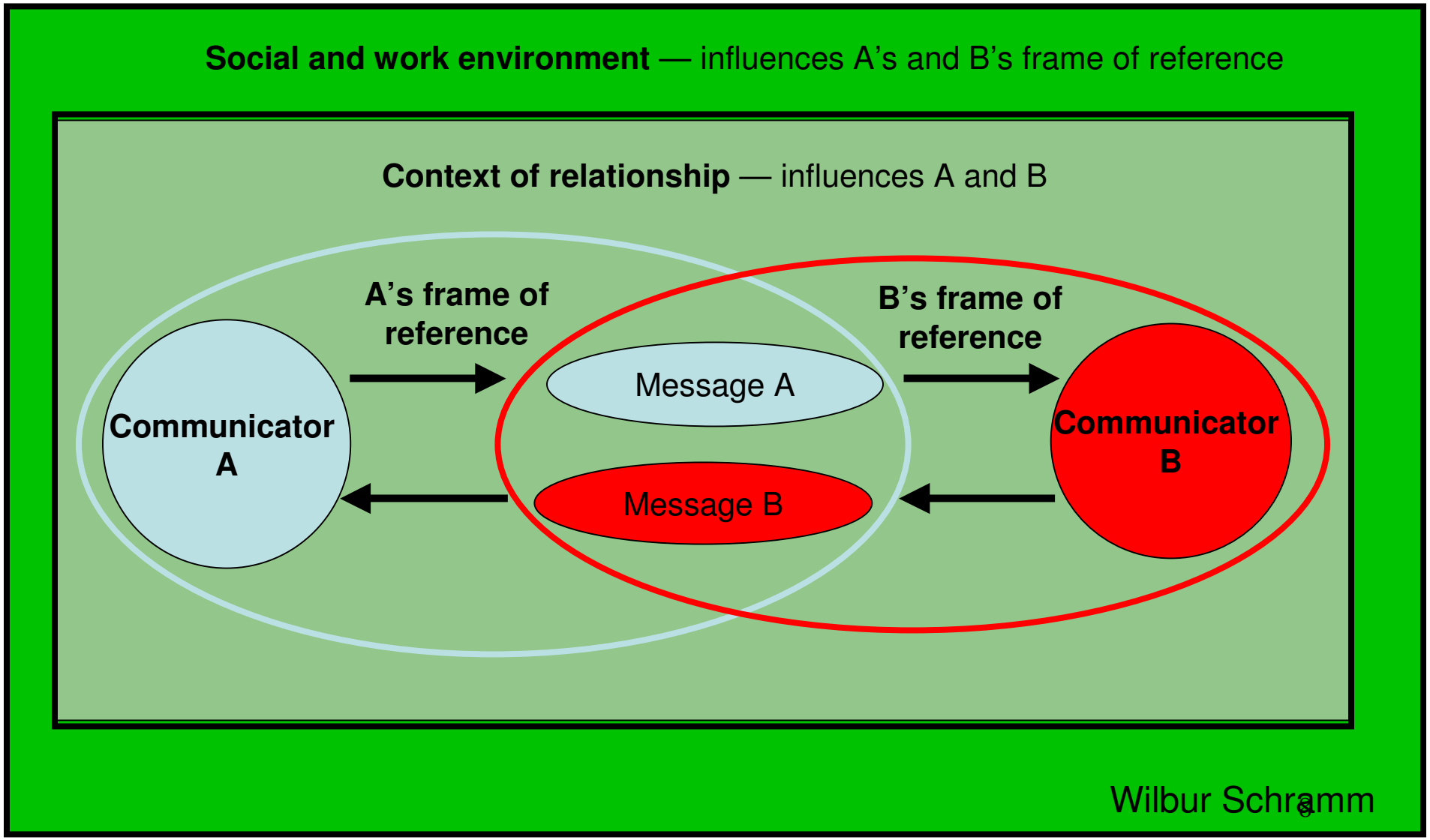
How people think communication works



How communication really works



Context of communication



Potential Structure and Approach to SIM Initiatives

- The following diagram describes a potential service model based on recommendations that have emerged from project work groups.
- This model is actively under development and may change.
- We are looking for feedback on this model, recommendations on changes and suggestions for other potential initiatives that could help those who use Medicaid Long-Term Care Services and Supports.

Long Term Care Services & Supports

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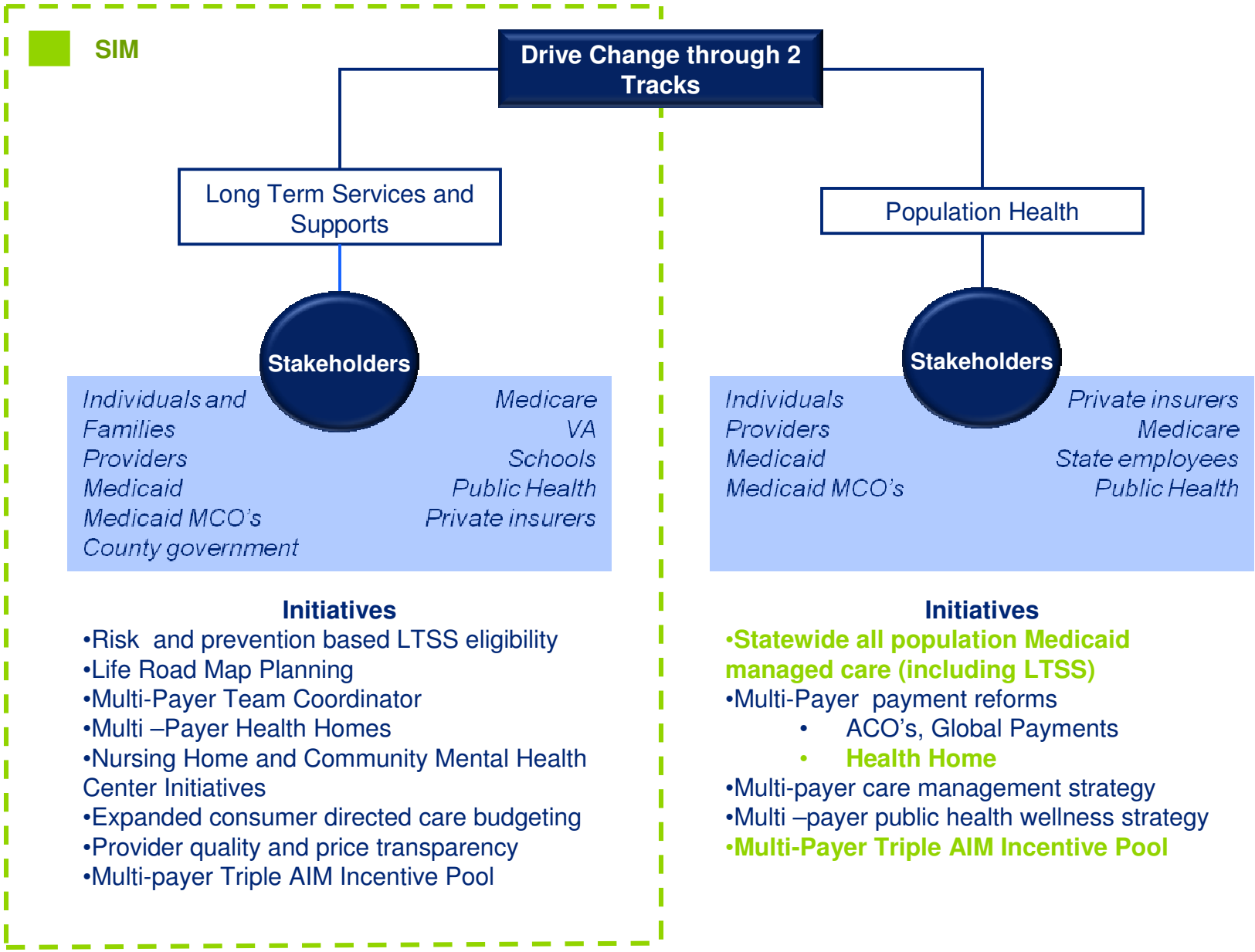
New Hampshire SIM Triple Aim Straw Person 2.0

October 3, 2013

New Hampshire Triple Aim Strategy



Initiatives

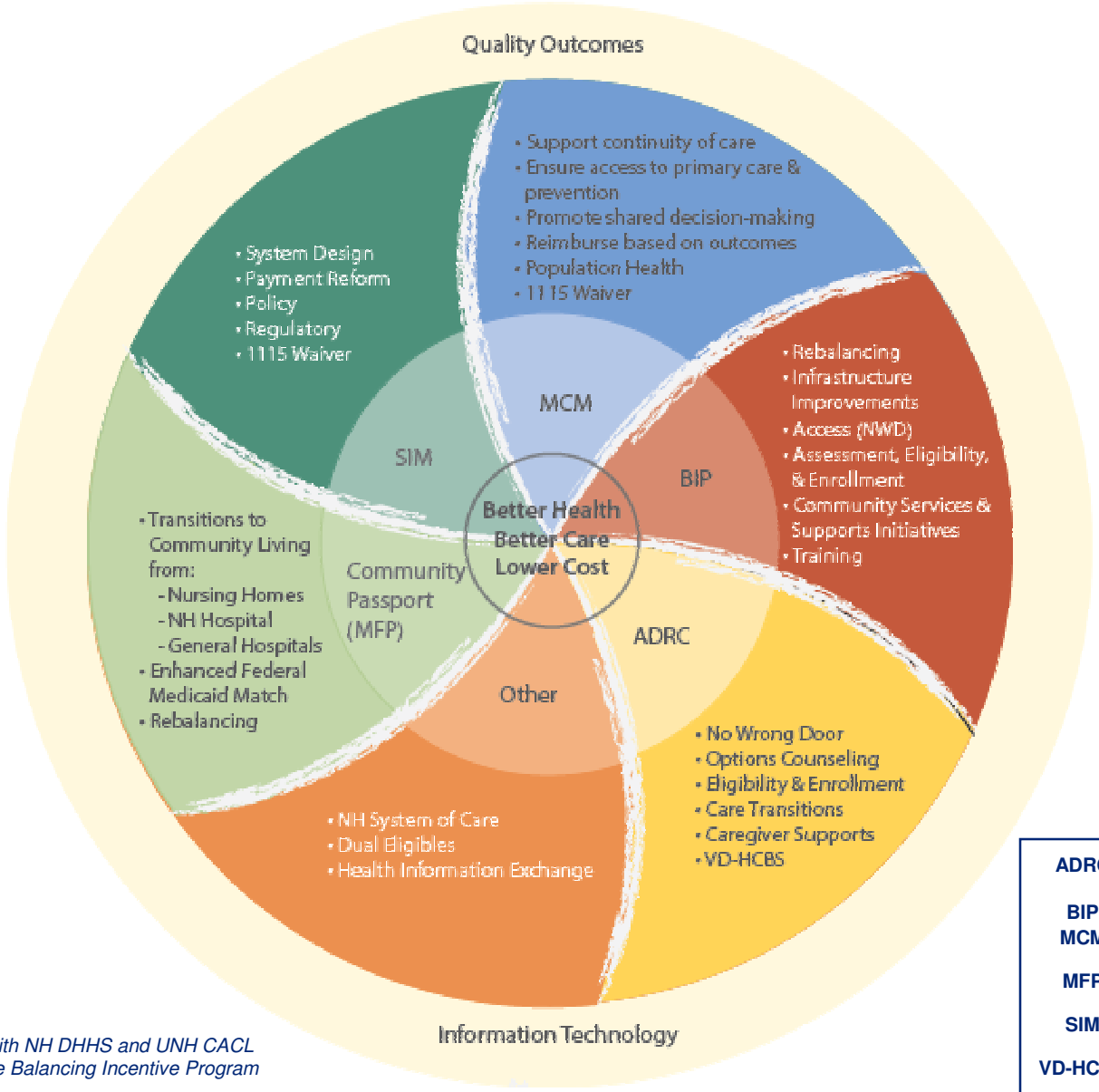
- Risk and prevention based LTSS eligibility
- Life Road Map Planning
- Multi-Payer Team Coordinator
- Multi –Payer Health Homes
- Nursing Home and Community Mental Health Center Initiatives
- Expanded consumer directed care budgeting
- Provider quality and price transparency
- Multi-payer Triple AIM Incentive Pool

Initiatives

- **Statewide all population Medicaid managed care (including LTSS)**
- Multi-Payer payment reforms
  - ACO's, Global Payments
  - **Health Home**
- Multi-payer care management strategy
- Multi –payer public health wellness strategy
- **Multi-Payer Triple AIM Incentive Pool**

SIM Strategies

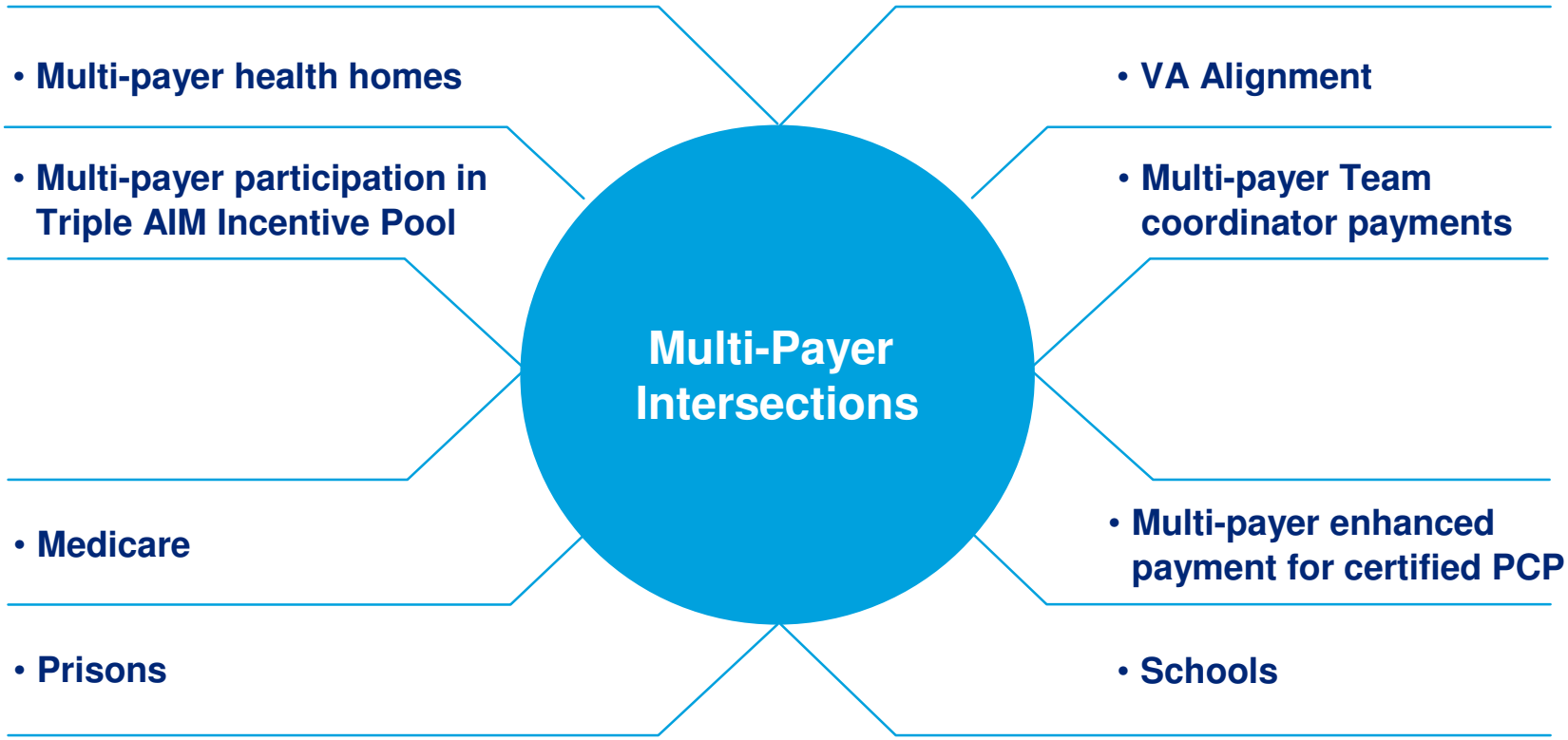
How SIM Relates To Other Initiatives and Programs



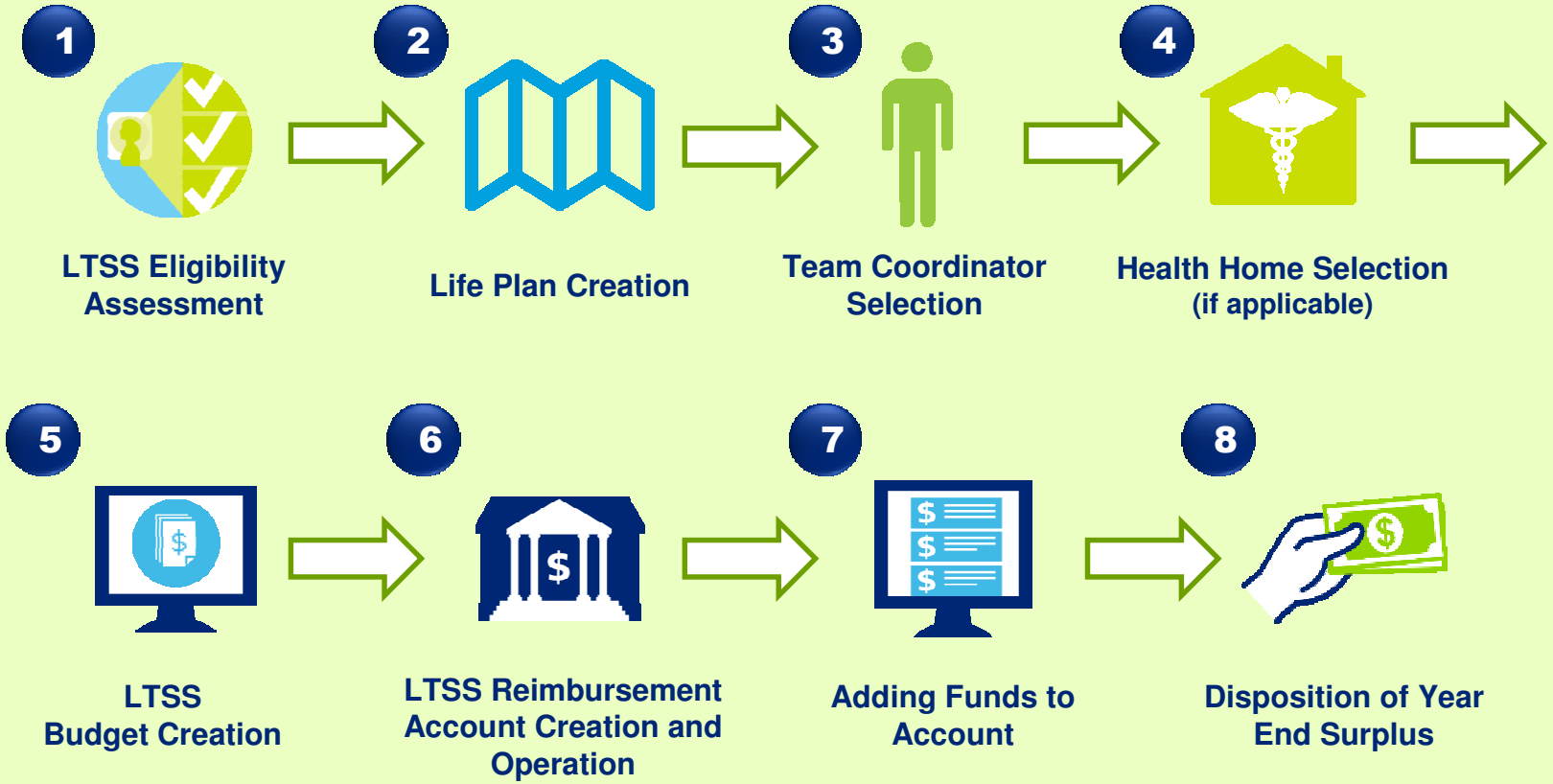
ADRC	Aging & Disability Resource Centers
BIP	Balancing Incentive Program
MCM	Medicaid Care Management
MFP	Money Follows the Person
SIM	State Innovation Model
VD-HCBS	Veteran's Directed Home & Community-Based Services

Prepared in collaboration with NH DHHS and UNH CACL
with funding provided by the Balancing Incentive Program

SIM Multi-Payer Intersections



Prevention, Transition and Person Centered and Driven LTSS Process



LTSS Eligibility Assessment

- Criteria to be added to assess risk of higher level of service (within a year?) if LTSS is not provided
    - Drafting of new criteria assigned to BIP
- Assessment will be available to under 21 population
    - If eligibility would have been granted except for being under 21, Life Plan and Team Coordinator would be offered to the family
- Assessment will also be available to seniors and if eligibility would have been granted except for income and/or asset levels and there is likelihood of gaining eligibility in the near future then a Life Plan and Team Coordinator would be offered
- Also considering how to proactively assess individuals soon to be released from state or county correctional facilities

Life Plan Creation

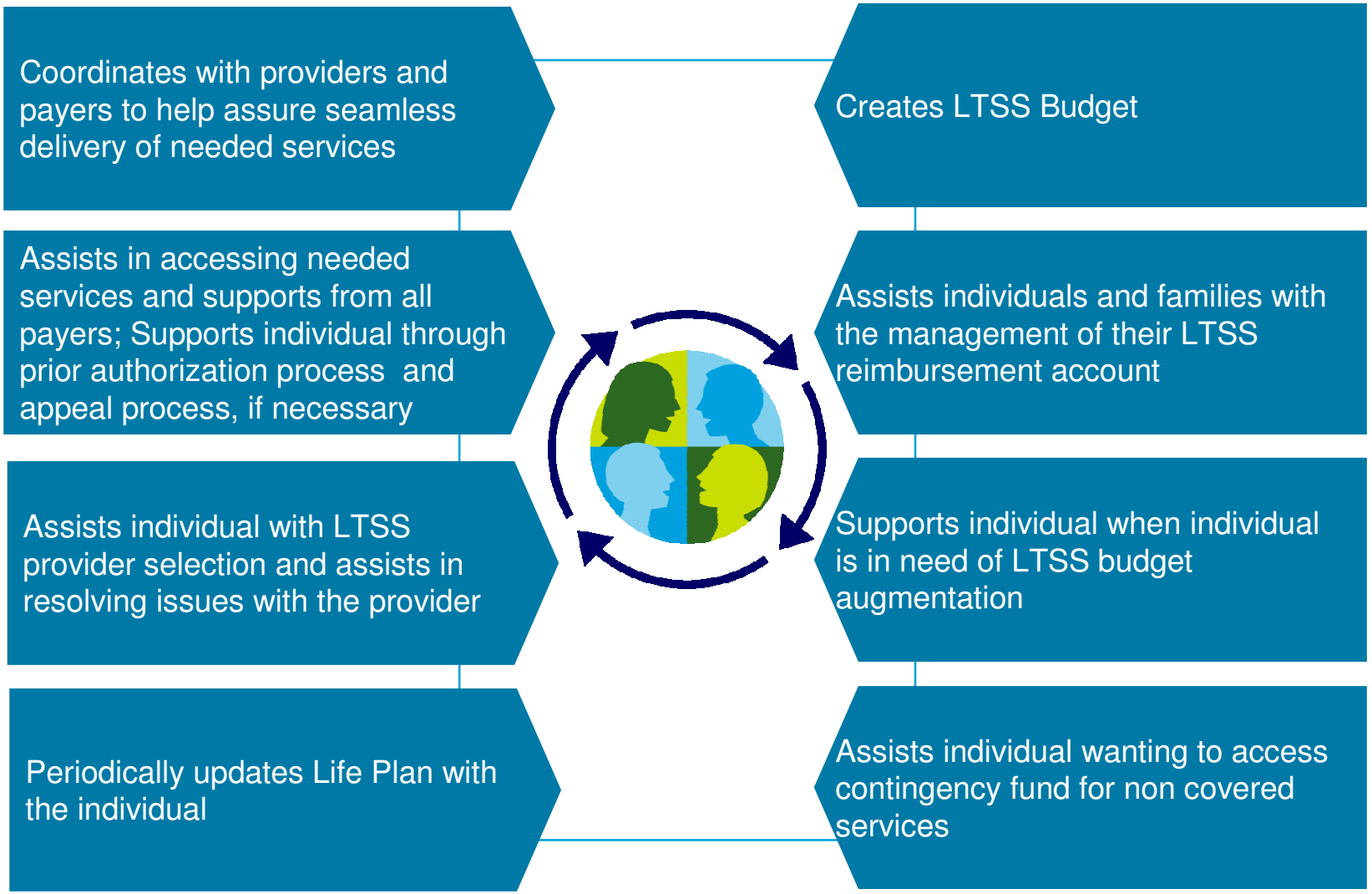
- After eligibility is determined, the individual/family will be referred to Options Counseling for the creation of a “Life Plan”, the nature and scope of the Life Plan will vary depending on the needs of the individual
- Counselors will work with individuals and families to identify values and issues that need to be supported to promote independence, better health and vitality
- Potential services and supports from all payer sources will be identified, and services and supports that are not currently covered by any payer will be included in the Life Plan
- Life Plans will be periodically updated
- The Life Plan informs the creation of the LTSS budget
- If appropriate, the individual will be offered a Team Coordinator
- The Team Coordinator will be responsible for the creation of the LTSS budget
    - **Who creates the LTSS budget if a Team Coordinator is not selected is TBD**

Team Coordinator and Health Home Selection

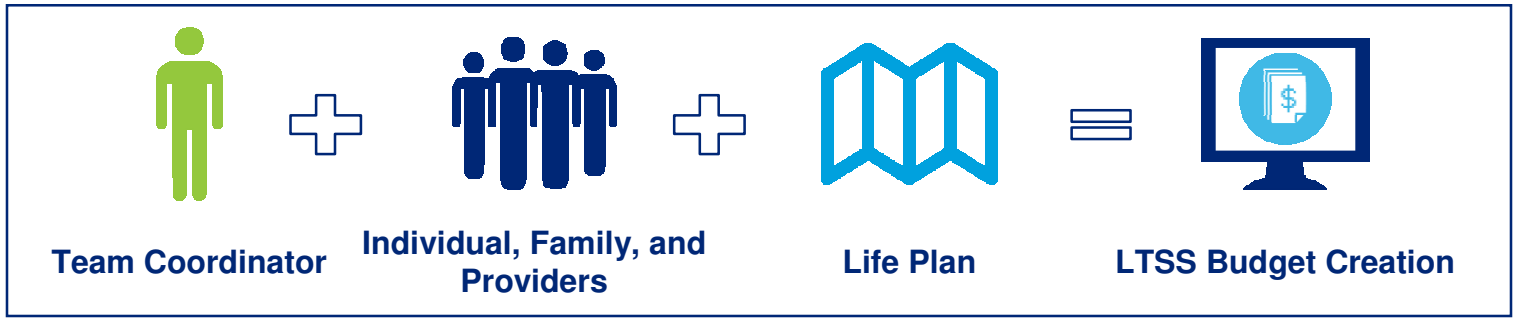
- The Options Counselor will work with the individual to determine the necessity of a Team Coordinator and to select a Team Coordinator
  - Selection of a Team Coordinator who is already part of the individual's Life Plan will be encouraged to minimize duplication or additional layering
  - Guidance needs to be developed to determine most appropriate Team Coordinator
- Individuals may decline a Team Coordinator
- Anyone, with the exception of the individual, can be a Team Coordinator upon completion of training
  - BIP develops training program
  - Re-certification is required
  - Outcomes measurement is needed
- Team Coordinators are compensated. Compensation is funded by all payers participating in the SIM LTSS initiative

- If the individual has LTSS needs with a behavioral health co-morbidity and a physical health co-morbidity the individual is also given the opportunity to select a Health Home provider
  - Enhanced compensation for the provider is paid by the individual's primary health insurer
  - The Health Home provider could be a physical health, behavioral health or LTSS provider
  - Health Home provider could also serve as Team Coordinator

Role of Team Coordinator



LTSS Budget Creation



- The Team Coordinator, working with the individual and with assistance from providers, will create the annual LTSS budget based on the LTSS needs derived from the individual's Life Plan
  - **Who creates the budget when a Team Coordinator is not selected is TBD**
- How services will be priced is still TBD
  - **Provider supplied vs. standard fee schedule**
- Current budget neutrality and savings methodology will be applied
- Who approves the LTSS budget is TBD
  - **Individuals have the right to appeal budgets**
- Budget information will be sent to the MCO who will segregate those funds from their capitation payments
- A portion of the budget will be withheld to fund a re-insurance pool. The MCO will send the withhold amount to the state who will administer the pool
- State staff will also determine the services that should be provided by other payers for LTSS and participating payers agree to pay for those services

LTSS Reimbursement Account Creation and Operation

- The budget threshold for a LTSS Reimbursement Account is TBD
- Additional eligibility criteria related to safety is TBD
- Eligible individuals will be offered the opportunity to manage their LTSS budget through an LTSS Reimbursement Account
    - **Whether individuals opt in or opt out is TBD, but the goal is to greatly increase adoption of individual budgets**
- MCOs will administer the individual's LTSS Reimbursement Account and provide web based tools for the individual to manage their account **(other options still under consideration)**
    - Tracks expenditures
    - Pays claims on behalf of the individual
    - Makes contributions to the account when rewards/ incentives are earned
- Individual's Team Coordinator will support the individual's selection of providers and helps monitor the individual's activity against their annual budget
- Individuals will be allowed to manage their budget and access services not used in the development of their LTSS budget, including non-traditional services and supports
- Only individuals who opt into an LTSS reimbursement account may use their budget funds to pay for non-traditional services
- Service Link will be responsible for providing pricing information for non traditional LTSS services
    - **Credentialing for non traditional providers/suppliers is TBD**
- Provider pricing and quality information (when available) will be provided to the individual
- Rewards and incentives will be provided to augment budget amounts
    - **Nature of the incentives is TBD**

Process for Adding Funds to the Account

- A significant change in the individual's health or functional status will trigger a re-assessment of the budget
- Re-assessment will also be triggered if the individual's LTSS account runs out of money
- DHHS will be responsible for the re-assessment with input from the individual and family , the Team Coordinator, providers and payers
- Individuals have the right to appeal re-assessment decisions
- If warranted, DHHS will transfer funds from the re-insurance pool to the MCO to augment the individual's account
- If a Contingency Pool is funded with Triple AIM re-investment funds, individuals can also petition DHHS to pay for non-covered services from the pool
    - If granted, DHHS will transfer funds from the contingency fund to the MCO to augment the individual's budget. The MCO will be responsible for paying claims associated with the providers of these services

Re-insurance Pool Operation

A percentage of all LTSS budgets will be withheld to fund a LTSS re-insurance pool

Withheld funds will directed from the MCOs to DHHS → DHHS will administer the pool → DHHS will release funds to the MCO* → The MCO will put those funds in the individual's LTSS reimbursement account

***Occurs when a determination is made to increase an individual's budget**

Disposition of Year End Surplus

- At the end of the individual's budget year, surpluses will be split between the payer and the individual
- DHSS will determine what portion (if any) of the surplus is the result of a change in the individual's situation or condition. Examples of changes include:
  - Prolonged hospital stay
  - Prolonged stays in residential and/or nursing facilities
- Surplus amounts due to condition changes will be released to the payer
- Remaining surpluses will be split between the payer and the individual
- Individuals' remaining surpluses are allowed to be carried forward to the next year's budget. Rolled over surpluses are not considered when establishing the new year's annual budget
- ***Note: Workgroups have not yet thoroughly discussed year end surplus issues. The approach described above is for the most part a re-statement of the original straw person description***

Comparison between participating and not participating in the Consumer Directed Budget Initiative

Individuals participating in CDBI	Individuals not participating in CDBI
•Have a Life Plan created •Can select a Team Coordinator •Can use budget to pay for non-traditional services •Have the opportunity to receive rewards and/or incentive payments •Have the ability to “shop” for providers based upon price for and quality of services •May retain a portion of savings from year-to-year	• Have a life plan created • Can select a Team Coordinator • Must utilized payer-authorized set of services • Will not receive rewards and/or incentive payments • Will not be able to select providers by price • Surpluses from anticipated spending authorizations will not be retained

Supporting Strategies

Training Supports

- BIP is charged with developing an LTSS certification (and re-certification) program for primary care providers
    - Program addresses LTSS awareness and patient interaction skill improvement specific to patients receiving LTSS services
- Other training programs that need to be developed include:
    - An LTSS CME program for physicians. Enhanced payments only go to PCPs completing the certification program
    - A training program for individuals, providers and entities serving as an individual's Team Coordinator
    - A care coordination training program for all providers serving individuals receiving
    - Training programs for direct care workers and other LTSS providers
- BIP will be responsible for the development of these certification and training programs

Other Payment Initiatives

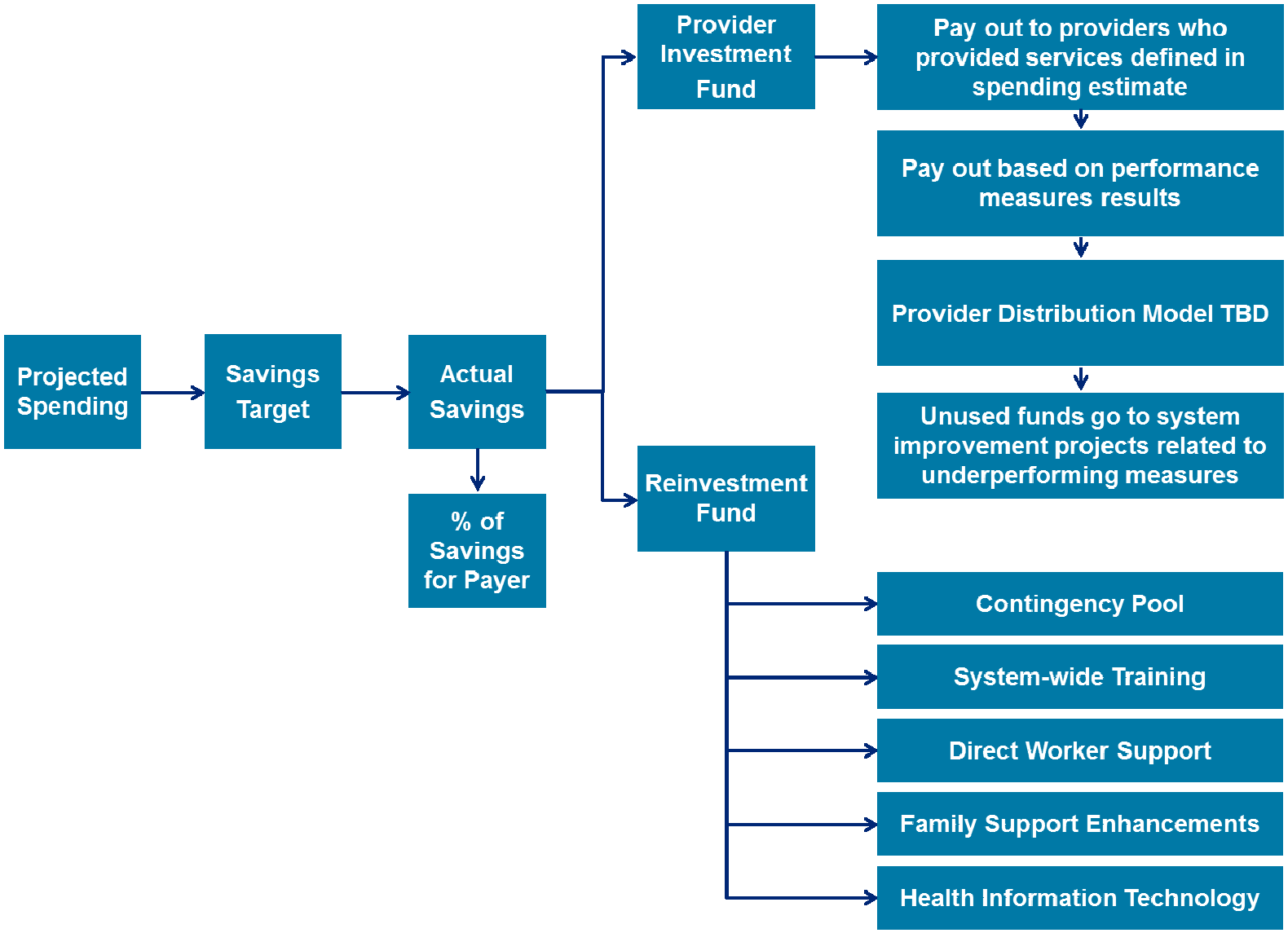
- Require enhanced office visit reimbursement when a LTSS certified physician sees a patient receiving LTSS by all payers
- Develop health home compensation model
- Develop payment methodologies that will encourage the use of telemedicine, in home monitoring technologies and other assisted technologies
- Develop an incentive/risk arrangement with residential facilities and nursing homes focused on reducing hospital admissions and re-admissions of their residents
- Develop an incentive/risk arrangement with community mental health centers focused on decreasing inappropriate New Hampshire Hospital admissions and re-admissions
- ***Note: These initiatives will be further developed in future work group meetings***

HIT/IT Investment

- Investments in HIT/IT infrastructure are critical to the long term success of the SIM initiatives
- There are numerous current HIT/IT challenges that could limit the robustness of the SIM initiatives
    - HIT/IT infrastructure varies widely across LTSS providers and, in most cases, is in need of upgrading or replacing
    - DHHS systems are also in need of upgrading/investment
    - Little clinical data is now being shared between or with LTSS providers electronically and current platforms may not be able to accept and transfer clinical data
    - Providers with consumer portals have low rates of adoption/use
- Development of a long term plan is necessary to improve the capability of the current systems to promote coordination and allow individuals to have more control over the services that they need
- October 7th meeting with CMS' HIT consultant will assist with our approach to our HIT planning

Triple AIM Global Incentive Pool

Global Triple Aim Incentive Pool



Design Notes on Global Triple Aim Incentive Initiative

- Spending will be projected for all medical, behavioral and LTSS costs for individuals receiving LTSS
- A savings target will be established as a percent of the spending projection.
  - **This projection will be reconciled with assumptions in the state budget**
- At the end of the year, savings are calculated by subtracting actual costs from the projected costs
- A decision will need to be made as to whether incentives will be paid out if actual savings do not equal or exceed the savings target.
- Savings would be distributed three ways – to the payers, providers and a portion is re-invested in the delivery system
- Provider incentives would be paid if global quality and performance measures are met
  - These measures will reflect overall system performance, not individual provider performance
- If a measure is not met, funds that would have been paid out for the measure would be re-invested in a quality improvement project focused on that measure
- How Re-investment Funds are allocated and spent is still TBD
  - **Clear consensus that their must be significant stakeholder involvement**

Re-Investment Fund Design Notes

- How Re-investment Funds are allocated and spent is still TBD
  - Clear consensus that their must be significant stakeholder involvement

Potential High Priority Re-Investment areas include:

- Individual Contingency Pool
- Support of Direct Care Workers
- System Wide training programs
- Family Support enhancements
- HIT/IT investments

Fund Distribution Criteria should include:

- What re-investment strategies have the biggest financial and/or qualitative impact?
- What strategies can generate matching funds?
- What strategies promote independence and self determination?
- What strategies help close service gaps at the individual level?

Next Steps

- Continue working through the key question grid
- Explore a stronger Public Health Component to the SIM initiatives
- Actively engage other payers
- Begin developing an implementation time line
- Develop an HIT/IT road map

Upcoming Schedule

October 2013

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

November 2013

M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2013

M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31